GLANFORD BRIGG RURAL DISTRICT COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

1967

MEDICAL OFFICER OF HEALTH

J. S. Robertson, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.I.H.

Office: 50, Holydyke, Barton-on-Humber. Tel: Barton-on-Humber 3154

Clerks: Mrs. M. H. Akester, Mrs. V. A. Foster.

CHIEF PUBLIC HEALTH INSPECTOR

T. Kerr

SENIOR ASSISTANT PUBLIC HEALTH INSPECTOR

K. C. Feetham

DISTRICT PUBLIC HEALTH INSPECTORS

D. R. Foster
J. H. Frear
T. A. Walker

Office: Rural Council Offices, Bigby Street, Brigg. Tel: Brigg 2041

Chief Administrative Clerk: P. J. Chapman

Clerks: Miss White, Mrs. Robinson, Miss Stothard.

PUBLIC HEALTH COMMITTEE

Chairman - Councillor G. Hughes J.P.
Vice Chairman - Councillor J. Binns.

Councillors

Rev. J. H. Arbuckle
S. J. Athersych
Miss A. J. H. Barton
Mrs. M. Cattell
Mrs. F. D. Cook
M.J. Craigs
Mrs. S. Dickinson
Rev M.J. Diggle
L. W. J. Dixon
J. G. G. P. Elwes
L. F. R. Fell
L. Goodrick
H. J. Grundy
P. L. Grundy

Councillors

F. T. Hepworth
R. J. Harrison
D.W. Johnson
K. H. Markham
Miss J. M. A. Morgan
C. L. Ogg
F. E. Oliver
R. J. Pepperdine
D. B. Shorten
F. J. Spencer
A. T. G. Turnbull
A. Walker
A. T. Wood.

INDEX

50, Holydyke,

Barton-on-Humber.

August, 1968.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my annual report for 1967. As you will see, although our birth rate has fallen it is still above the national rate. This is due to the high proportion of people of reproductive age among those migrating into our area in connection with industrial development of the Humberside area. Our rates for stillbirths and legitimate infant mortality are satisfactory, the rather high infant mortality rate being due to the excess of infant deaths among illegitimate babies. Unwanted and illegitimate babies start life under a great handicap, and their mothers are exposed to serious social and financial pressures. Except in those cases where the grandparents are willing to look after the baby or where the parents live together in stable cohabitation, mother and child are usually obliged to live on Social Security payments at subsistence level. Such people tend to find grave difficulty in obtaining adequate accommodation, and often live under slum conditions. The unsupported girl with a baby to care for has difficulty in getting out to do her shopping or collecting her money if the baby is ill, unless she has friendly neighbours who will help. It is not surprising therefore that the incidence of child neglect, of illness, and of infant death should be higher in this vulnerable section of our population. While some authorities have been able to make special provision for the needs of such people this is difficult in an area such as ours. Provision of groups of special flats with a day nursery to enable such girls to go out to work could ease their plight but such units would require careful selection of residents and supervision by social workers, for obvious reasons. Prevention is far preferrable to palliative care. There is need for the inclusion of suitable material in the curricula of schools, and also of more extensive provision of family planning advice and treatment for the few girls who despite indoctrination at school find instinct and emotion

stronger than reason. Happily more and more secondary schools are introducing various experimental courses dealing with the social consequences of promiscuity along with the biological aspects of sex and reproduction, and the County Council has approved a scheme for extension of services provided through the Family Planning Association. Let us hope they materialise soon and prove effective.

The death rate for our area for 1967 was extremely low. This, like the very high birth rate, can be attributed to the excess of young people in our population resulting from migration into our area of those attracted to the expanding industry of the Humber bank. Comparison between our death rate and that for England and Wales might lead us to feel complacent and it is well to remember that of the 392 people who died 83 were below the age of 60. Deaths of people aged between 15 and 60 represent a wastage of resources and a source of human unhappiness which society must seek to avoid.

Of the 17 infants who died 10 were early neonatal deaths of premature babies. Although we have still a lot to learn about the causes of prematurity recent research in Holland suggests that maternal iron deficiency in early pregnancy may be an important factor. Although the incidence of premature birth from obstetric causes was the same in both groups, unexplained prematurity was eleven times more common in babies born to women whose serum had an iron binding capacity of over 500 mg. than in a group who were not iron deficient by this standard. It may well be that the prevention of iron deficiency and its early detection and correction at the beginning of pregnancy could greatly improve infant mortality figures. The causes of the remaining infant deaths included two cases of fulminating bronchopneumonia, two children with congenital malformations (meningomyelocele and malformation of heart) one case of inherited disease (mucoviscidosis), a case of death due to blood-group incompatability (erythroblastosis) and one whose lungs failed to expand at birth. The four deaths of children aged between 1 and 15 years were due to a throat infection, a brain infection, a bacterial infection of the valves of a diseased heart and a tumour of the brain. The two deaths of seventeen year olds were due to cancer of the spine and motor cycle accident respectively. Two people died

in their twenties, one from drowning and one from colitis. Of the eight people who died between the ages of 30 and 40 two had strokes, two died of heart failure, one as a result of epilepsy and three as a result of accidents. Seven of the fourteen deaths in the age range 40 - 49 were due to coronary thrombosis, three deaths were due to cancers, one to colitis, one to diabetic coma and one to motor vehicle accident. Of the 34 deaths in the age range 50 - 59, 12 were due to cancers, four of these being cancers of the lung, two of the ovary, the rest being of brain, vulva, tongue, colon, rectum and kidney. Fifteen deaths in this age group were due to cardiovascular diseases - ten of these being coronary thrombosis, two strokes, two pulmonary emboli and one rheumatic heart disease. Other deaths were due to chronic bronchitis, alcohol poisoning, road accidents, diabetes and pneumonia.

A proportion of these deaths could have been prevented. For example those due to chronic bronchitis and to lung cancer might well not have occurred but for cigarette smoking and pollution of the air by smoke from domestic coal fires. Benzpyrene and benzanthracine derived from coal smoke and from bonfire smoke may also be a factor in causing cancers elsewhere in our bodies, for they get on our skins and on to our food and hence into our bodies in other ways than by inhalation. Full implementation of the Clean Air Act would materially reduce exposure to this group of carcinogens.

There is now evidence to suggest that several factors influence the development of cardiovascular disease. Excessive eating, particularly of refined sugar and of saturated as opposed to unsaturated fats appears to predispose to coronary disease, as does cigarette smoking and lack of exercise. The drinking of soft water appears to increase the death rate from this group of diseases. It is clear that with a little self-discipline we could do much to protect ourselves from premature death from coronary occlusion.

In view of the public anxiety which resulted from statements about the affect of the "pill" in predisposing to thrombo-embolic disease it is noteworthy that only 3 of our 392 deaths were due to pulmonary embolus.

One of these was a man, and the other two were ladies over the age of 55. Clearly none of these would be taking the "pill". Despite the impression which some people have formed after reading some press reports the risk of embolus resulting from taking the pill is small, and less than the risk of this same condition occurring as a result of pregnancy. Lying still for too long, particularly after an operation, is a commoner cause of embolus and can occur at any age.

The economic and social consequences of non-fatal illnesses are probably even more serious than those of death, and it is an unfortunate fact that although the Ministry of Social Security receives medical certificates for nearly all illnesses affecting people of working age they do not pass on the figures needed to assess morbidity rates in our population. In consequence we are losing an opportunity to study the epidemiology of non-fatal diseases, and so ascertain how they may be influenced by environmental and social factors. We do of course receive notification of cases of infectious disease, and as can be seen from the table (p.19) these affect children predominantly. Measles as usual was the most prevalent, but this should soon become a disease of the past. Although measles is a relatively mild condition a significant proportion of cases develop potentially serious complications. The new vaccine is highly effective in preventing these, and as its use becomes more widespread we may look forward to a new era when deafness among children due to otitis media or encephalitis following measles will seldom be seen. A vaccine does not necessarily provide a permanent solution to the problem however as can be seen from our experience of whooping cough in 1967. For many years, following the introduction of whooping cough immunisation, cases of pertussis were few. Then a strain of the whooping cough germ slightly different from the two kinds which had been used to make our vaccines became prevalent. There was naturally some delay between the appearance of this germ and its detection and incorporation in the new batches of vaccine, and although children immunised recently should be immune to the "new" type of whooping cough germ those who were immunised a few years ago are not. We may expect however that the incidence of whooping cough should subside again soon. As usual we had a number of cases of dysentery notified but these probably only represent a tenth of the cases which occur. Some

dysentery is mild, causing only a little diarrhoea, and many sufferers never bother to see their doctors. It is spread predominantly as a result of poor personal hygiene. It may be that one reason why dysentery is so much more prevalent in the caravan sites near Scunthorpe than elsewhere in our district is the lack of facilities for hand washing in the toilets provided for these caravans.

The incidence of Scarlet Fever fell from 41 cases in 1966 to 22 in 1967. One would hope that in this post-penicillin era this disease might be almost a thing of the past, but this is not so. Some people can carry the germ in their noses without themselves being ill and others get sore throats without a rash. Nevertheless it is usually a mild condition nowadays, and although we cannot eliminate it the disease causes less trouble than it did formerly.

Eleven cases of infective hepatitis were notified during the year. These were mainly children and represent an overspill from the epidemic which occurred in the town of Brigg, where, in a much smaller population they had over 60 cases! Transmission appeared to be from case to case notably between children attending school or between family contacts. None of the notified cases appear to have been homologous serum jaundice.

The only other notifiable disease to reach double figures was tuberculosis. Due to its prolonged course this condition causes more harm than the small number of cases would suggest, and it is to be hoped that the maximum use will be made by the public of the scheme to vaccinate school children with B.C.G. and of the periodic visit by the Mass Radiography Unit. X-Ray examination can detect disease long before it gives rise to symptoms, and before any abnormality could be found on physical examination. Cases detected at this early stage can be treated and cured more rapidly than those which are more advanced, and the examination takes only a few minutes. Regrettably there are always a few who are fearful of being X-Rayed, and fail to take advantage of the M.M.R. Unit's visit. Sometimes even people who have chronic coughs and fear they may be tubercular behave in this way. They are the people who have the most to gain, whatever the X-Ray shows. They will either secure treatment leading to improved health or get peace of mind from the re-assurance of a normal X-Ray.

The boundary between health and sickness is a blurred one. What we should call abnormal depends upon how we define normality, and this leads to many difficulties in medicine and public health. Any form of screening test, be it Mass Radiography, tests for anaemia, diabetes, or blood pressure, yields, in addition to groups who are clearly normal or abnormal, a number who lie on the borderline. Some of these, if subjected to more detailed examination will be found to be developing disease but others are quite well. It is this difficulty in interpretation of results, and the enormous load which can be placed upon laboratory and hospital facilities which impedes the development of widespread population screening. We can recognise black, and we can recognise white, but the precise shade of grey at which we should draw the distinction has to be a somewhat arbitary choice. For practical purposes in Public Health the most useful concept of health is to consider it to be a state of mutual adaptation between man and his environment. Where this adaptation has broken down we should class the individual as ill. At the other extreme a man who is capable of adapting to great changes in his environment is not only well but would comply with the W.H.O. definition of "Positive Health". Those people whose ability to adapt to change is small, although well at the moment, are vulnerable. Our duty as a public health authority is to endeavour to modify those factors in the external environment to which people are unable to adapt, whether these be bacteria in water supplies, harmful chemicals in the atmosphere, or poor housing conditions. The provision of special hostels, sheltered workshops and even hospitals for the mentally subnormal constitutes society's method of adapting their environment to one group of people who lack the ability to adapt to normal life in the community. Our provision of bungalows and warden supervised groupded dwellings for the elderly constitute our attempts to do the same for another vulnerable group, for whom old peoples homes and geriatric hospitals extend the range of available sheltered environments. All too frequently, however, the kind of environment which an individual needs is denied him because of administrative difficulty or shortage of accommodation. For example there are some whose disability

is due to mental subnormality and not to age, but who would be more suitably placed in a hostel provided for the elderly than among young subnormals. Division of responsibility for those in need according to age or diagnosis between different committees or authorities obliges us to classify them in this way instead of treating them as people with needs to be met. Specialisation of function, and the need to classify people according to age or diagnosis to suit such specialities is an almost inevitable consequence if authorities are large. To some extent authorities are made large in order to achieve this result, so that staff can become highly skilled in narrow specialities. In the field of health it is becoming increasingly appreciated that separation according to function or diagnosis is not satisfactory. The advantages of merging the present three branches of the health service into one, with a geographical area basis for its divisions are now realised. For some years attempts have been made to bring psychiatric and general hospital provision together in the same premise. We must be careful to see that in the forthcoming reforms of local government the need for flexibility and ability to make decisions at a local level is met, and that the danger of over-specialisation and separation of staff in different departments is avoided. Many of the factors to which people fail to adapt, and many of the environmental adaptations necessary to permit people to readjust are controlled by local government. Clearly we will do the community's health a dis-service unless we ensure in the course of these reforms that the housing, social work, and health services are not divorced or estranged from each other.

One vulnerable section of society for whom society provides too little help is the large group of people who are dull, though not mentally subnormal. They usually have only limited earning capacity, and frequently through lack of knowledge about family planning have more children to support than they can really manage. They are consequently faced with budgetting difficulties which would tax even highly intelligent people and often live in old houses which lack amenities because of the low rent they can afford. Frequently their lack of knowledge of available services, or to whom or how they should apply for help, results in them failing to obtain all the assistance to which they should be entitled.

As a result they acquire debts. By the time they come to our notice their debts and difficulties have accumulated and reached what is for them serious proportions. Some have been reduced to stealing from prepayment meters or selling articles bought on hire purchase to obtain money for food, and come to our notice through the courts. At present we tend to convert these people into delinquents and petty criminals by punitive treatment. If it were possible to make back payments in respect of sickness benefit, unemployment benefit, supplementary grants, grants towards school uniforms, refunds of payments for school meals etc. so that money lost due to failure to seek the aid to which they would have been entitled was restored some who are developing into "problem families" might be rehabilitated. At present, however, we cannot do this, and by the time we learn of the family they are facing eviction for rent arrears and their debts have been increased by fines for failing to comply with court orders. They have acquired an antagonism to "authority" so that when help is eventually given they learn to scrounge as much as they can without making any real effort to comply with the standards of society. Let us hope that in future the sources of social help will be so simplified that the less able members of society will find it easier to obtain it. Despite the change of name to Ministry of Social Security the various offices remain as separate in function as when they were different ministries and their rules remain inflexible. When one branch is paying it is possible to arrange for them to pay rent direct to the landlord, but when another section takes over they are not permitted to do so. A man who formerly was unable to manage his finances adequately and for whom the Ministry paid rent direct to the landlord when the payment was a "supplementary grant" may need this arrangement just as badly when his payment is called "sickness benefit" or "unemployment benefit". Occasionally therefore in consequence of a mans failed attempt to work and re-establish himself the kind of assistance given by the Ministry of Social Security changes. Under these circumstances even if the man specifically requests direct rent payment it ceases, arrears accumulate and the family is eventually evicted for non-payment of rent despite prolonged and expensive case work by welfare officers. It is true that some of those who fail in this way may have long standing anti-social attitudes and for a few punitive

measures might have a salutory effect. Commonly however it is upon the wife and children that the consequences fall, and our actions have little if any reforming or rehabilitating influence upon the man. The need for accurate diagnosis and appropriate treatment is as great in this wide area of social sickness as it is in clinical medicine.

In recent years we have in Glanford Brigg made great progress in seeking to assist in the rehabilitation of families with social difficulties. Like everybody else who has done so we have found it a difficult task, and seen many who failed to respond. There have, fortunately, been others who have responded well to help. Because these genuine successes cease to exhibit problems we soon tend to forget about them, but our failures and partial successes keep reminding us of their presence. There is a real need for special accommodation with a rental lower than that of a normal council house and which can be kept available to meet the needs of the homeless or evicted family so situated that if used to house a family with anti-social attitudes the amenities of others will not be affected. We did have two such houses, and the sale of these without first obtaining others to replace them leaves us less able to help families in need. This lack of "intermediate" accommodation, if allowed to persist may have serious consequences not for ourselves, but for the unfortunate wives and children whose interests we ought to be protecting. The other major deficiency in our housing provision is the shortage of four and five bedroomed houses. Overcrowding is a hazard to health which we are statutorily obliged to abate, but the standards of the Housing Act are far below what one should accept today. Large families are all too common, and until the supply of large houses matches them in number people must continue to live in a manner which we consider totally unacceptable.

Frequently when old people are offered more suitable accommodation they state that they would prefer to remain in the unfit cottage in which they have spent their lives. We have tended to respect these wishes and delay slum clearance work to meet their requests. Unsually however when such people are rehoused they improve in both physical and mental health, and within a few months arewondering why they did not agree to move months or years earlier. Naturally death and sickness rates among the elderly are high, and occasionally some become ill or die soon after

moving. When this occurs the "move" may be blamed, but this will very seldom be justified. With advancing age and increasing disability the slum cottage becomes a more and more hazardous environment for the elderly. Every effort should be made to persuade them to accept tenancy of suitable bungalows or flats in grouped dwelling schemes. The opening of the common rooms and communal amenities of the grouped dwellings for casual use by non-resident old age pensinners, and the convening there of special clubs, meetings and entertainments for the elderly could materially assist in overcoming some of the prejudices of those outside. People fear the unknown, and many who at present are reluctant to move might do so with alacrity had they been visiting the flats for some time, come to know them, and made friends among the residents. Compact communities such as county boroughs can and do provide facilities and services which would be unpracticable or uneconomic in a rural area. Among the services which our low population density denies us are day hospitals for the elderly and psychiatric day centres. In addition, a really adequate 7 day a week, all year round, provision of meals-on-wheels is uneconomical in a rural area. The simple addition of some extra space and a kitchen and cafeteria to the communal part of a grouped dwelling scheme with some additional staff would enable such a unit to provide many of the advantages enjoyed by our town dwelling neighbours. Many families who currently cannot have an elderly relative to live with them because of occupational or family commitments might be able and willing to accommodate the old folks at night if the latter could spend their days and get their meals at a day centre. There is clearly ample room for experiment to assess the effectiveness and limitations of extending and using one or two grouped dwelling units in this wey. If we are to cater for the needs of all, there is room for considerable diversity in the design and functions of the different units and provision of one or two with more extensive amenities to serve the surrounding community merits serious consideration. The extent to which such a centre with only unskilled staff could cater for the needs of the mentally or physically infirm would be limited to those whose disability, while rendering them unfit to be left alone to look after themselves by day would neither prevent them from attending to their own needs while at the centre nor cause annoyance to others. Provided

these criteria were observed younger people with disabilities might also be accepted with advantage to themselves, to the residents and other day care centres as well as to society.

One difficulty which would have to be avoided would be that the prejudice which still exists against mental disorder might deter people from attending if a centre became known as one which accepted mentally ill patients. The kind of mental disorder which is common in elderly people however is merely some loss of memory for recent events combined with a little confusion, and provided it is referred to in lay language as "failing memory" and not as "senile dementia" people are quite ready to accept those so afflicted.

Progress in many fields was retarded in 1967 by the financial situation. Among the necessary improvements in the environment which has had to be postponed was the proposal to make a smoke control area of the village of Barnetby. The geographical situation of this village in a valley which tends to trap the smoke from domestic chimneys creates a special hazard for the residents. Despite the financial stringency steady progress has been maintained in sewering some of the remaining villages, and provided we can maintain this pace there will soon be only a few small hamlets without main drainage to sewage treatment facilities.

Another satisfactory feature of 1967 was the decision to centralise and improve our refuse disposal arrangements. It is to be hoped that within a year or two we shall have discontinued all tipping into parish tips and our villages may be free from the smoke of burning refuse. The extension of the paper sack collection system to a second district of some 3,200 properties appears to have been well received. The metal stands however are inclined to blow or get knocked over in some exposed situations and more use might, with advantage, be made of the type made for wall mounting, either on walls or on posts driven into the ground. As the number of properties to be served increases extension of the paper sack system will be necessary if we are to maintain or improve the frequency of collection without greatly augmenting the staff. If fly nuisance is to be minimised and objectionable smells are to be avoided we must increase the frequency of collection. Until every property can be given a 7 day

collection service nuisances and complaints are bound arise.

Public health nuisance from deposition of sugar beet wastes or from the making of pea silage continued to be a feature of life in the area. Fortunately many farmers made use of mobile viners in 1967, less pea silage was made than in the past and for the first time for many years very little pollution of underground water resulted from the pea harvest. Haulm left on the filds by mobile viners dried quickly and little pea silage was made in the areas adjacent to the main boreholes. The picture might however have been different had we had heavy rain during the pea harvest.

As a result of our new conditions of licence the main caravan sites in our area gave less cause for concern than in previous years. Overcrowding of large families in small caravans is now almost eliminated. In the eastern side of the district however the conditions under which caravan dwellers lived were still unsatisfactory. Considerable numbers of temporary labourers engaged in the building of the new oil refineries came with caravans and stationed them on unlicenced sites. Completion of some of the amenities at the temporary site provided in conjunction with the "Accommodation Centre" was delayed, and the behaviour of some of the single men accommodated in the chalets at the centre was such as to deter some caravan dwellers from moving to the Caravan Site. Fortunately agreement was reached regarding provision of fencing to separate the Caravan Site from the Accommodation Centre Chalets and improvements were made to the amenities of the caravan camp. As a result, the problem, although not completely solved,has been mitigated.

It is inevitable that where accommodation is provided for large numbers of young men away from their homes and womenfolk problems of discipline and behaviour arise. Should the the need to provide accommodation for temporary labour recur we would be well advised to ensure that the accommodation for families in any future scheme is geographically remote from that provided for the single men. This would mitigate the fears of wives and facilitate the work of inspectors in preventing the stationing of caravans on unlicenced sites with inadequate facilities.

Despite the temporary problem related to the rapid development of the Killingholme area the general environmental conditions of the district have improved. The rate of council house building has remained at a reasonably high level and the standard of accommodation provided has been good. The housing needs of the area however are far from being met. There are still far too many substandard houses in use, and the pressure on accommodation by people migrating into the area is likely to be maintained for some years. Some concern is naturally felt that we should have to build extensively at a time when interest rates are high since this inevitably is reflected in council house rentals. Except in the case of low paid unskilled labourers and those with large families this should not cause hardship, and the recent increase in family allowances should help to mitigate the plight of the larger families. The need for special provision to accommodate very large families in large houses at low rentals should be soluble in ways which do not involve restriction of our rate of building.

As usual the statistics for the area and details of work done during the year are tabulated in the latter part of this report. They require little comment or explanation. You will note with satisfaction that the amount of industrial dust deposited at sites near the Kirton Lindsey Cement Works in 1967 was markedly lower than in previous years. This is attributable to the discontinuation of use of those kilns which had not been equipped with electrostatic precipitators.

As usual the quality of water distributed by the North Lindsey Water Board proved to be excellent. Continued efforts by our staff maintained standards of food hygiene and ensured a full meat inspection service. Rodent control is always a problem in a large rural area such as ours, and requires continuing effort. Port health work was reasonably light during the year and presented no particular problem.

Details of the work of the Inspectors are included in the final pages of this report. I am indebted to the staff of the department and to Mr. Kerr for the details contained therein as well as for the

conscientious way in which they have all carried out their various duties during the year.

I am,

Your obedient servant,

Medical Officer of Health.

GENERAL DESCRIPTION OF THE DISTRICT.

The Rural District of Glanford Brigg covers an area of about 136,595 acreas and includes 41 parishes. The population is 40,000.

Although in the past the district has been mainly agricultural rapid industrial development is now occurring on the Humber bank, where there are new oil refineries under construction, and the Gas Board's new plant has been built. Elswhere there are tileries and brickworks, chemical and fertiliser works, ironstone mines and cement works. There is a small shipyard where barges are repaired, and part of a stellworks has extended into the district. There are a number of jetties and wharves where both coastal and foreign going ships berth, and Immingham Dock is extending into our district. There is a new caprolactam factory and a variety of other smaller industries offering a wide range of employment.

It now seems probable that there will soon be even more rapid industrial expansion, with consequent population increase by migration during the next few years. This may well change the whole character of the northern half of the district, and particularly those parts adjacent to the deep water channel of the Humber.

The western part of the district rises from the banks of the Trent to an escarpment of limestone and ironstone which slopes gently down to the Ancholme valley. To the east of the Ancholme is a chalk escarpment from which the Wolds slope north east until finally the rather flat area, where clay overlies the chalk, forms a coastal plain. As the new industrial development is predominantly on this flat clay area it should not spoil any of our natural beauty spots.

Rateable value at 31st March 1968................	£1,671,256
Product of a penny rate 1967/68	£8,040

VITAL STATISTICS.

	1965	1966	1967
Mid-year population	37,400	39,040	40,000
Live births	845	894	802
Stillbirths	18	9	10
Infant deaths under 4 weeks	8	10	14
Total deaths	393	413	392

	Legitimate			Illegitimate			TOTAL
	Male	Female	Tot.	Male	Female	Tot.	
Live births	395	363	758	26	18	44	802
Stillbirths	4	5	9	-	1	1	10
Infant deaths under 1 year	7	7	14	1	2	3	17
Infant deaths under 4 weeks	5	7	12	-	2	2	14
Infant deaths under 1 week	5	5	10	-	2	2	12

	Glanford Brigg R.D.		England and Wales	
	1966	1967	1966	1967 (prov.)
Crude birth rate	22.9	20.1	17.7	17.2
Corrected birth rate *	22.7	19.8	(17.7)	
Stillbirth rate	9.9	12.0	15,34	14.8
Infant Mortality rate	16.8	21.0	19.0	18.3
Legitimate Infant Mortality rate	16.4	18.0	18.53	
Illegitimate Infant Mortality rate	25.0	68.2	24.55	
Neonatal Mortality rate	11.2	17.5	12.9	12.5
Early neonatal mortality rate	11.2	15.0	11.1	10.8
Perinatal mortality rate	21.0	27.0	26.29	25.4
Illegitimacy rate	4.5	5.5	7.9	
Crude death rate	10.6	9.8	11.7	11.2
Corrected death rate *	11.3	10.7	(11.7)	

* These corrections take account of the different proportions of old and young people in the area, and make resulting rate comparable with that for England and Wales. Thus a resort to which old people retire would have a high crude rate, but a low comparability factor would correct the false impression that this was an unhealthy area. The comparability factor for births in this district is .99 and 1.09 for deaths.

CAUSES OF DEATH IN THE DISTRICT DURING THE YEAR 1967

(Registrar General's Figures)

CAUSES OF DEATH	AGE IN YEARS						TOTAL	
	0-1	1-	15-	25-	45-	75-	M	F.
Tuberculosis, respiratory	-	-	-	-	-	-	-	-
Tuberculosis, other	-	-	-	-	1	-	1	-
Syphilitic disease	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-
Whooping cough	-	-	-	-	-	-	-	-
Meningococcal Infection	-	-	-	-	-	-	-	-
Poliomyelitis	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-
Other Inf. & parasitic diseases	-	1	-	-	1	-	1	1
Cancer - stomach	-	-	-	-	2	2	3	1
Cancer - lung and bronchus	-	-	-	-	14	-	12	2
Cancer - breast	-	-	-	-	3	-	-	3
Cancer - uterus	-	-	-	-	3	2	-	5
Cancer - other	-	1	1	2	27	15	22	24
Leukaemia, Aleukaemia	-	-	-	-	1	-	1	-
Diabetes	-	-	-	1	-	1	1	1
Vascular lesions (C.N.S.)	-	-	-	2	25	38	33	32
Coronary disease angina	-	-	-	1	53	32	58	28
Hypertension	-	-	-	-	6	4	1	9
Other heart disease	-	1	-	2	11	33	25	22
Other circulatory disease	-	-	-	-	4	9	9	4
Influenza	-	-	-	-	-	-	-	-
Pneumonia	2	-	-	-	8	9	7	12
Bronchitis	-	-	-	-	11	5	12	4
Other respiratory diseases	-	1	-	-	1	1	1	2
Ulcer - Stomach and duedenum	-	-	-	-	1	3	2	2
Gastritis, enteritis & diarrhoea	-	-	-	1	-	4	1	4
Nephritis and Nephrosis	-	-	-	-	-	-	-	-
Hyperplasia of prostate	-	-	-	-	-	3	3	-
Pregnancy	-	-	-	-	-	-	-	-
Congenital malformation	3	-	-	-	1	-	1	3
Other diseases	12	-	-	1	10	6	16	13
Motor accidents	-	-	1	4	1	-	4	2
All other accidents	-	-	1	-	3	-	4	-
Suicide	-	-	-	-	-	-	-	-
Homicide	-	-	-	-	-	-	-	-
TOTAL	17	4	3	14	187	167	218	174

CAUSES OF DEATH AT VARIOUS PERIODS OF LIFE

(Locally compiled statistics)

CAUSES OF DEATH	AGE IN YEARS				TOTAL
	0 - 1	1 - 14	15 - 49	50+	
Infectious Diseases					
Tuberculosis, respiratory	-	-	-	1	1
Tuberculosis, other	-	-	-	-	-
Syphilitic disease	-	-	-	-	-
Diphtheria	-	-	-	-	-
Whooping cough	-	-	-	-	-
Meningococcal infection	-	-	-	-	-
Acute Poliomyelitis	-	-	-	-	-
Measles	-	-	-	-	-
Other infective & parasitic dis.	-	1	-	1	2
The Cancers					
Stomach	-	-	-	4	4
Lung and bronchus	-	-	-	12	12
Breast	-	-	-	3	3
Uterus	-	-	-	5	5
Other	-	-	4	37	41
Leukaemia, Aleukaemia	-	-	-	2	2
Diabetes	-	-	1	2	3
Cardiovascular diseases					
Vascular lesions of the N.S.	-	-	2	69	71
Coronary disease, angina	-	-	6	70	76
Hypertension with heart disease	-	-	-	13	13
Other heart disease	-	1	2	46	49
Other circulatory disease	-	-	2	11	13
Respiratory Diseases					
Influenza	-	-	-	-	-
Pneumonia	2	-	-	22	24
Bronchitis	-	-	-	17	17
Other	-	-	-	1	1
Ulcer of stomach & duodenum	-	-	-	4	4
Gastritis, enteritis and diarrhoea	-	-	1	1	2
Nephritis and Nephrosis	-	-	-	1	1
Hyperplasia of prostate	-	-	-	3	3
Pregnancy, childbirth and abortion	-	-	-	-	-
Congenital malformation	2	-	-	-	2
Other diseases	13	2	2	14	31
Motor vehicle accidents	-	-	4	1	5
All other accidents	-	-	2	4	6
Suicide	-	-	-	-	-
Homicide	-	-	-	-	-
TOTAL	17	4	26	344	391

NOTIFICATIONS OF INFECTIOUS AND OTHER DISEASES BY AGE GROUPS.

Disease	0-	1-	2-	3-	4-	5-	10-	15-	25-	45-	65+	N.K.	Total
Measles	22	64	38	73	39	128	12	-	-	-	-	5	381
Whooping Cough	8	7	15	14	14	62	7	1	-	1	-	-	129
Dysentery	2	12	7	3	2	8	-	1	-	-	-	3	38
Scarlet Fever	-	-	2	2	3	11	1	3	-	-	-	-	22
Tuberculosis (Res)	-	-	-	-	-	-	1	2	2	3	1	-	9
Tuberculosis (Non Resp.)	-	-	-	-	-	-	-	-	-	1	-	-	1
Infective Jaundice	-	-	-	-	5	3	1	2	-	-	-	-	11
Sus.Food Poisoning	1	-	2	-	1	-	-	1	-	-	-	-	5 *
Pneumonia	-	-	-	-	1	-	-	-	-	1	1	-	3
Erysipelas	-	-	-	-	-	-	-	-	-	2	-	-	2
Meningococcal Infection	-	-	-	-	-	1	-	-	-	-	-	-	1
Acute Encephalitis P.Inf.	-	-	-	-	-	1	-	-	-	-	-	-	1
Puerperal Pyrexia	-	-	-	-	-	-	-	-	1	-	-	-	1

During the year there were no cases of the following diseases notified:

Poliomyelitis; Diphtheria; Smallpox; Typhoid Fever; Opthalmia Neonatorum;

Anthrax; Leptospirosis.

* Although notified as an outbreak of food poisoning no particular food was identified as common to all of the cases. This outbreak may well have been of non-bacterial epidemic gastro-enteritis (Winter Vomiting Disease).

PARTICULARS OF IMMUNISATION AND VACCINATION CARRIED OUT IN THE AREA DURING THE YEAR.

Type of vaccination or immunisation	Under 1	1 - 4	5 - 16		TOTAL
Diphtheria, Whooping cough and tetanus immunisations;					
Initial	310	400	17		727
Booster	-	475	177		652
Diphtheria and Tetanus immunisation:					
Initial	-	6	25		31
Booster	-	97	429		526
Smallpox					
Vaccination	32	289	34		355
Revaccination	-	4	23		27
			5 - 14	15 or over	
Tetanus Immunisation					
Initial	-	1	30	108	139
Boosters	-	7	54	81	142

B.C.G. Vaccinations.

Number skin tested	453
Number found positive	20
Number found negative	416
Number vaccinated	415

PARTICULARS OF POLIOMYELITIS VACCINATIONS CARRIED OUT IN THE GLANFORD BRIGG R.D. DURING THE YEAR ENDED DECEMBER 31st 1967

SALK VACCINE

	Persons born in the years	
	1965	1966
2 Injections	-	-
3 Injections	-	-
4th Injection	1	2
Total:	1	2

ORAL VACCINE

	Persons born in the years							
	52 - 54	55 - 61	62	63	64	65	66	67
Initial course of 3 doses	5	38	10	8	16	41	373	214
Oral booster after 2 injections	-	-	-	-	-	-	-	-
Booster doses of oral vaccine	-	210	325	70	23	44	38	-
Total:	5	248	335	78	39	85	411	214

WATER

Bacteriological Examination

Public Supplies

Barrow-on-Humber Bore.

As the following table shows nearly all the samples of raw water taken from Barrow bore in 1967 were of good quality. This is a most welcome and marked improvement on past experience. Whereas in 1966 no less than 38 out of 152 routine weekly samples of raw water contained E coli type 1 or more than 10 coliforms, only 5 out of 122 samples were polluted to this extent. This reduction in incidence of very bad samples from 25 per cent to 4 per cent was due to the fact that most local farmers did not make pea silage in 1967. Mobile viners were used in the pea harvest and haulm was left to dry on theland instead of being heaped in quarries to make silage. While the problem of seasonal pollution is not completely solved the 1967 experience showed a most gratifying improvement which we must hope may be maintained in the future.

Presumptive Coli Count	"Raw Water"		Chlorinated Water
	Routine Samples	Special Samples	Routine Samples
Less than 1 per 100 ml.	110	23	39
1 to 2 per 100 ml.	4	2	0
3 to 10 per 100 ml.	3	1	0
More than 10 per 100 ml. or E coli type 1 present	5	0	0
T O T A L:	122	26	39

Note:-
The "routine" samples are those taken each Monday throughout the year, a sample being taken from each of the bores from which water is being abstracted at the time of sampling. The "special" samples are the additional ones which were taken daily during the period following the beginning of the pea harvest in order to detect the onset and measure the extent of pollution from pea silage juice. These are shown separately since their inclusion among the "routine" samples would invalidate comparisons with figures for years when the additional samples were not taken. The "special" samples were only taken from one borehole as experience has shown that when serious pollution occurs all four bores are affected.

Barton-on-Humber Bore

Presumptive Coli Count	"Raw" Water	Chlorinated Water
Less than 1 per 100 ml.	85	50
1 to 2 per 100 ml.	3	0
3 to 10 per 100 ml.	1	0
More than 10 per 100 ml. or E coli type 1 present	9	0
TOTAL	98	50

Winterton Holmes Bore

Presumptive Coli Count	"Raw" Water	Chlorinated Water
Less than 1 per 100 ml.	47	47
1 to 2 per 100 ml.	0	0
3 to 10 per 100 ml.	0	0
More than 10 per 100 ml. or E coli type 1 present	0	0
TOTAL	47	47

The pollution which occurred at Barton Bore occurred after the pea harvest. On inspection it was found that a stack of pea waste had been made in a farm-yard near to the water works.

Private Households (Mains water - all sources)

Presumptive Coli Count	Chlorinated Water
Less than 1 per 100 ml.	1
1 to 2 per 100 ml.	0
3 to 10 per 100 ml.	0
More than 10 per 100 ml. or E coli type 1 present.	0
T O T A L:	1

Private Supplies

Presumptive Coli Count	Chlorinated Water
Less than 1 per 100 ml.	6
1 to 2 per 100 ml.	0
3 to 10 per 100 ml.	0
More than 10 per 100 ml. or E coli type 1 present	8
T O T A L:	14

Details of Domestic Supplies

Number of houses supplied from public mains:-	in house	96%
	outside tap.	2%
Houses supplied from private sources:	in house	1%
	not in house	1%
Number of private sources considered to be unsatisfactory	... ...	1 plus private wells
Number of houses supplied therefrom..	... ...	329

CHEMICAL ANALYSES

Barrow-on-Humber Bore

	Raw Water	Treated (Softened) Water.
Appearance	Clear	Clear
Colour	Colourless	Colourless
Smell	None	None
	Parts per million	

GENERAL CHEMICAL EXAMINATION

	Raw Water	Treated (Softened) Water.
Reaction, pH value	7.1	7.2
Free Carbon dioxide as CO_2	18.0	16.0
Ammoniacal Nitrogen as N	0.048	0.080
Albuminoid Nitrogen as N	0.056	0.064
Nitrous Nitrogen as N	none	none
Nitric Nitrogen as N	3.20	2.92
Poisonous metals (lead etc	no significant amount	
Hardness (Calculated from Mineral Analysis) as $CaCO_3$	327.7	189.8
Temporary	221.3	189.8
Permanent Hardness	106.4	nil
Permanganate Figure (4 hours at 80°F) as O	0.16	0.12
Alkalinity as $CaCO_3$	221.3	210.0

MINERAL ANALYSIS

	Raw Water	Treated (Softened) Water.
Silica	3.00	3.00
Aluminium Oxide	nil	nil
Iron Oxide	0.19	0.46
Calcium as Ca	119.89	74.16
Magnesium as Mg.	6.88	1.12
Sodium as Na	19,75	83.58
Carbonates as CO_3	132.66	126.63
Chlorides as Cl	50.00	56.00
Nitrates as NO_3	14.17	12.93
Sulphates as SO_4	65.83	68.14
Fluorine as F (by distillation method)	0.20	0.14
Manganese as Mn	0.30	0.006

Probable composition of Mineral constituents:-

	Raw Water	Treated (Softened) Water.
Silica	3.00	3.00
Aluminium Oxide	Nil	Nil
Iron Oxide	0.19	0.46
Calcium Carbonate	221.25	185.21
Calcium Sulphate	93.29	---
Calcium Chloride	11.44	---
Magnesium Carbonate	---	3.88
Magnesium Chloride	26.94	---
Sodium Carbonate		22.65
Sodium Chloride	36.83	92.32
Sodium Sulphate		100.77
Sodium Nitrate	19.43	17.73
	412.37	426.02

Barton-on-Humber bore

	Raw Water	Treated (Softened water.
Appearance	Clear	Clear
Colour	Colourless	Colourless
Odour	None	None
GENERAL CHEMICAL EXAMINATIONS	Parts per million	
Reaction, pH value	7.1	7.3
Free Carbon Dioxide as CO_2	18.0	14.0
Ammoniacal Nitrogen as N	0.040	0.032
Albuminoid Nitrogen as N	0.080	0.080
Nitrous Nitrogen as N	none	none
Nitric Nitrogen as N	3.46	3.22
Poisonous Metals (Lead etc.)	no significant amount	
Hardness (Calculated from Mineral Analysis) as $CaCO_3$	349.7	129.9
Temporary	206.0	129.9
Permanent	143.7	---
Permanganate Figure (4 hours at 80°F) as O	0.16	0.12
Alkalinity as $CaCO_3$	206.0	206.0
MINERAL ANALYSIS		
Silica	5.00	5.00
Aluminium Oxide	0.05	Nil
Iron Oxide	0.26	0.21
Calcium as Ca	128.96	48.62
Magnesium as Mg.	6.71	2.06
Sodium as Na	7.83	152.32
Carbonates as CO_3	123.62	123.62
Chlorides as Cl	53.00	116.00
Nitrates as NO_3	15.32	14.25
Sulphates as SO_4	70.45	76.70
Fluorine as F (by distillation method)	0.38	0.21
Manganese as Mn	0.014	none
Probable composition of Mineral constituents:-		
Iron Oxide	0.26	0.21
Silica	5.00	5.00
Aluminium Oxide	0.05	nil
Calcium Carbonate	206.17	121.43
Calcium Sulphate	99.84	Nil
Calcium Chloride	47.14	Nil
Magnesium Carbonate	---	7.14
Magnesium Chloride	26.28	---
Sodium Carbonate	---	80.79
Sodium Sulphate	---	113.43
Sodium Chloride	5.46	191.24
Sodium Nitrate	21.00	19.54
	411.20	538.73

Winterton Holmes Bore.

	Raw Water	Treated (softened) Water
Appearance	Faint trace of suspended matter	Clear
Colour	Slightly turbid faintly yellow	Colourless
Smell	None	None
	Parts per million	
GENERAL CHEMICAL ANALYSIS		
Reaction, pH value	7.0	8.1
Free Carbon Dioxide as CO_2	22.0	none
Ammoniacal Nitrogen as N	0.064	0.048
Albuminoid Nitrogen as N	0,048	0.048
Nitrous Nitrogen as N	none	none
Nitric Nitrogen as N	0.31	0.20
Poisonous Metals (lead etc.)	no significant amount	
Hardness (Calculated from Mineral Analysis) as $CaCO_3$	507.7	84.0
Temporary	266.5	65.4
Permanent	241.2	18.6
Permananganate Figure (4 hours at 80°F) as O	0.28	0.12
Alkalinity as $CaCO_3$	266.5	65.4
MINERAL ANALYSIS.		
Silica	2.00	3.00
Aluminium Oxide	none	none
Iron Oxide	1.13	0.62
Calcium as Ca	168.92	20.60
Magnesium as Mg	20.84	7.90
Sodium as Na	66.16	183.86
Carbonates as CO_3	159.80	39.20
Chlorides as Cl	98.0	100.00
Nitrates as NO_3	1.37	0.89
Sulphates as SO_4	235.71	265.66
Flourine as F (by distillation method)	0.25	0.26
Manganese as Mn	0.07	0.01
Probable composition of Mineral constituents:-		
Silica	2.00	3.00
Aluminium Oxide	none	none
Iron Oxide	1.13	0.63
Calcium Carbonate	266.51	51.45
Calcium Sulphate	211.25	---
Magnesium Carbonate	---	11.73
Magnesium Sulphate	103.15	22.37
Sodium Sulphate	6.45	366.48
Sodium Chloride	161.56	164.86
Sodium Nitrate	1.88	1.22
	753.93	621.74

Appleby Pumping Station.	Raw Water
Appearance	Clear
Colour	Colourless
Smell	None

GENERAL CHEMICAL EXAMINATION

	Parts per million
Reaction, pH value	7.1
Free Carbon Dioxide as CO_2	8.0
Ammoniacal Nitrogen as N	0.016
Albuminoid Nitrogen as N	0.024
Nitrous Nitrgoen as N	none
Nitric Nitrogen as N	3.73
Poisonous Metals (lead etc.)	none
Hardness (Calculated from Mineral Analysis as $CaCO_3$)	629.5
Temporary	277.4
Permanent	352.1
Permanganate Figure (4 hours at 80°F) as O	0.64
Alkalinity as $CaCO_3$	277.4

MINERAL ANALYSIS

Silica	3.00
Alumina	0.32
Iron Oxide	0.11
Calcium as Ca	226.44
Magnesium as Mg.	15.54
Sodium as Na	29.63
Carbonates as CO_3	166.32
Chlorides as Cl	53.5
Nitrates as NO_3	16.51
Sulphates as SO_4	314.39
Fluorine as F (by the	0.24
Manganese as Mn	none

Probable composition of Mineral constituents:-

Silica	3.00
Alumina	0.32
Iron Oxide	0.11
Calcium Carbonate	277.39
Calcium Sulphate	391.77
Magnesium Sulphate	47.61
Magnesium Chloride	23.18
Sodium Sulphate	---
Sodium Chloride	59.75
Sodium Nitrate	22.63
	825.76

Sootney Pumping Station

	Chlorinated Water
Appearance	Clear
Colour	Faintly yellow
Odour	None

GENERAL CHEMICAL EXAMINATION	Parts per million
Reaction, pH Value	7.5
Free Carbon Dioxide as CO_2	12.00
Ammoniacal Nitrogen as N	0.144
Albuminoid Nitrogen as N	0.080
Nitrous Nitrogen As N	none
Nitric Nitrogen as N	0.61
Poisonous Metals (lead etc.)	No significant amount
Hardness (Calculated from Mineral Analysis as $CaCO_3$.	215.8
Temporary	215.8
Permanent	---
Permanganate Figure (4 hours at 80°F) as O	0.20
Alkalinity as $CaCO_3$	437.4

MINERAL ANALYSIS	
Silica	4.00
Aluminium Oxide	---
Iron Oxide	0.21
Calcium as Ca	73.75
Magnesium as Mg	7.69
Sodium as Na	247 .30
Carbonates as CO_2	256 .28
Chlorides as Cl	65.00
Nitrates as NO_3	2.70
Sulphates as SO_4	223.20
Fluorine as F (by the distillation method)	0.38
Manganese as Mn	0.016

Probable composition of Mineral constituents:-	
Silica	4.00
Aluminium Oxide	---
Iron Oxide	0.21
Calcium Carbonate	184.19
Magnesium Carbonate	26.66
Magnesium Sulphate	---
Sodium Carbonate	224.13
Calcium Sulphate	---
Sodium Sulphate	330.08
Sodium Chloride	107.16
Sodium Nitrate	3.70
	880.13

AIR POLLUTION MEASUREMENTS

1. Sites in the vicinity of Kirton Lindsey Cement Works.

(a) Deposit Gauge Readings.

Total Solids - Tons/sq.mile/month

MONTH	NEWLANDS FARM	KIRTON SUB-STATION	GAINSTHORPE SEWAGE WORKS	GAINSTHORPE FARM	HUNTCLIFFE SECONDARY MODERN SCHOOL.	RAINFALL (INS.) (GAINSTHORPE FARM)
JANUARY	8.57	7.55	16.43	16.86	9.78	0.87
FBERUARY	8.68	7.82	22.05	11.90	11.99	0.95
MARCH	-	10.76	22.46	19.51	13.88	0.35
APRIL	11.39	6.69	14.97	72.79	9.34	0.32
MAY	10.90	14.61	25.44	35.93	8.97	3.78
JUNE	-	5.99	12.78	14.47	8.84	0.87
JULY	7.55	6.16	15.53	9.51	7.25	1.42
AUGUST	7.42	4.84	12.12	11.16	8.08	1.97
SEPTEMBER	-	4.14	10.50	11.33	9.07	1.93
OCTOBER	13.08	4.57	25.04	18.78	8.77	4.93
NOVEMBER)	115.95	9.57	27.49	30.11	14.87	2.28
DECEMBER)						
AVERAGE:	20.39	6.89	17.07	21.03	9.24	1.64

(b) Greased Plate Readings

Total Solids - Tons/sq.mile/month.

MONTH	NEWLANDS FARM	KIRTON SUB-STATION	GAINSTHORPE SEWAGE WORKS	GAINSTHORPE FARM	HUNTCLIFFE S.M. SCHOOL	HIBALDSTOW	MANTON	REDBOURNE	RAINFALL (INS.) (GAINSTHORPE FARM).
JANUARY	.8.7	1.5	20.8	74.5	4.3	9.7	3.6	23.5	0.87
FEBRUARY	7.0	5.0	13.9	26.0	7.4	4.9	4.3	8.0	0.95
MARCH	8.6	4.5	37.8	83.3	26.2	26.3	14.1	10.7	0.35
APRIL	13.5	15.6	7.0	58.2	23.5	17.0	8.3	14.0	0.32
MAY	10.0	11.8	10.9	21.7	12.3	15.2	9.0	10.3	3.78
JUNE	7.9	10.0	22.3	40.1	17.8	7.8	7.4	8.9	0.87
JULY	7.3	5.5	14.5	17.6	9.6	8.0	8.8	7.3	1.42
AUGUST	7.0	6.3	19.9	26.5	12.7	7.8	7.4	10.7	1.97
SEPTEMBER	8.8	6.5	15.2	10.4	11.8	7.3	8.6	5.3	1.93
OCTOBER	9.8	4.0	36.1	16.6	11.6	9.0	10.6	14.0	4.93
NOVEMBER) DECEMBER)	6.3	5.1	20.1	19.3	9.7	6.6	5.7	9.4	2.28
Average	7.9	6.3	18.2	32.8	1[illegible].2	9.9	7.3	10.2	1.64

2. Sites in the vicinity of the South Ferriby Cement Works.

Greased Plate Readings

Tons/sq.mile/month

Month	Simon's Farm Winteringham	South Ferriby Sluice	South End South Ferriby
JANUARY	2.1	19.0	4.7
FEBRUARY	4.7	15.9	5.5
MARCH	6.6	181.9	14.0
APRIL	9.8	105.6	57.2
MAY	8.2	25.6	16.8
JUNE	23.7	88.7	9.0
JULY	12.3	79.8	24.8
AUGUST	15.0	89.4	22.6
SEPTEMBER	13.3	48.0	18.4
OCTOBER	9.6	48.8	19.3
NOVEMBER) DECEMBER)	12.7	113.9	13.0
AVERAGE:	9.8	68.0	17.1

[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]

[illegible]

[illegible]

FOOD AND DRUGS ACT, 1955.

Samples of Food taken by the County Health Inspector for Chemical Analysis.

Commodity	No. of samples analysed.
Milk	68
Processed milk products	22
Edible fats and oils	3
Tinned, bottled, dried products	7
Alcoholic beverages	2
Meat, fish products	10
Vinegars, spices and flavourings	2
Cereal products	1
Miscellaneous	4
Total:	119

Extraneous matter in food

Corned beef containing excess iron - defective tinning - warning to importer.

Milk (Special Desnigation) Regulations	No. of samples
Pasteurised	225
Sterilised	47

One sample of pasteurised milk failed the phosphates test. This sample was taken from a pasteurised dairy and further samples were satisfactory. A warning was issued.

No. of samples for biological examination	58
No. of samples positive for brucella abortus	6

These samples were all taken on arrival of the milk at the pasteurising dairy and the milk was subject to pasteurising and rendered safe. The Divisional Veterinary Office was advised on the eradication of the disease from herds and the situation is being kept under observation.

No. of samples taken for anti-biotic examination	4

These samples were satisfactory.

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR - 1967.

HOUSING

Total number of dwelling houses and flats in the district	14,009
Total number of dwelling houses erected during the year	
By the local authority	263
By other local authorities	---
By other bodies or persons	409
Number allocated for replacing houses subject to demolition orders or otherwise demolished	73

Housing Repairs and Rent Acts 1954 - 57

Number of certificates of disrepair issued	Nil

Inspection of dwelling houses during the year:

Total number of dwelling houses inspected for housing defects under Public Health or Housing Acts.	389
Number of inspections made for the purpose	728

Remedy of defects during the year without service of formal notices.

Number of defective dwelling houses rendered fit in consdquence of informal action by the local authority or their officers	32

Action under Statutory Powers during the year.

Number of dwelling houses in respect of which notices were served requiring defects to be remedied	Nil

Proceedings under the Housing Acts.

Number of dwelling houses in respect of which notices were served requiring repairs	Nil

Slum Clearance - proceedings under the Housing Acts.

Number of dwelling houses in respect of which Demolition Orders were made	35
Number of dwelling houses demolished in pursuance of Demolition Orders	63
Number of dwelling houses, or parts, subject to Closing Orders ...	37
Number of dwelling houses, or parts, rendered fit by undertakings ...	4
Number of dwelling houses included in confirmed Clearance Orders ...	Nil
Total number of dwelling houses in which Demolition Orders are Operative and which are still occupied except under the provisions of Sections 34, 35 and 46 of the Housing Act, 1957 ...	Nil

Total number of dwelling houses occupied under Sections 34,35 and 46 ...	Nil
Houses demolished or closed voluntarily by owners which would otherwise have been the subject of statutory action to secure demolition or.closure..	12

Estimated number of dwellings remaining to be dealt with under

The Housing Act, 1957, Sections 16 and 18 ...	412
The Housing Act, 1957, Section 42	Nil

Housing Acts - Overcrowding

Number of cases of overcrowing relieved during the year	2
Number of persons conserned in such cases	15
Number of dwellings overcrowded at the end of the year	1
Number of persons dwelling therein	11

Housing Acts, 1949 - 59

Number of dwellings for which applications for grants have been received:

Standard Grant	84
Discretionary Grant..	44

Number of dwelling subject to grant:

Standard Grant	83
Discretionary Grant..	44
Number of houses owned by local authority which have been the subject of grant aid by the Ministry ... ... Standard grant withdrawn	1

Moveable dwellings, Tents, Vans, etc.

Caravan Sites and Control of Development Act, 1960

Number of site licences	35
Total number of caravans permitted under such licences	525
Number of inspections during the year:	
Sites	39
Caravans	163
Number of contraventions remedied	9
Number of sites exempt from licence	22
Number of caravans thereon	31

FOOD PREMISES

Bakehouses

Number in district	3
Number of inspections	8
Number of contraventions	1
Defects remedied	1

Ice Cream

Number of manufacturers on register	1
Number of premises licenced for sale of ice-cream	118
Number of inspections of premises made	5
Number of samples taken:	
Grade 1	10
Grade 11	1

Meat Products

Number of premises registered for manufacture of meat products	28
Number of inspections made	163
Number of contraventions found	5
Number of contraventions remedied	4

Other Food Premises

Number of other food premises (i.e. excluding bakehouses and premises registered for the manufacture of ice-cream and meat products	158
Number of inspections	590
Number of contraventions	32
Number of contraventions remedied	32

Slaughterhouses

Number licenced:	
Abbattoir type	1
Private (individual)	4
Number operated by local authority	Nil

UNSOUND FOOD.

CARCASES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART.

	Cattle excluding cows	Cows	Calves	Sheep & Lambs	Pigs	Horses
Number killed	2,165	60	10	2,267	3,350	-
Number inspected	2,165	60	10	2,267	3,350	-
All diseases except Tuberculosis and cysticerci:						
Whole carcases condemned	1	-	-	-	-	-
Carcases of which some part or organ was condemned	375	12	-	3	250	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	17.5	20.0	-	.13	7.5	-
Tuberculosis only						
Whole carcases condemned	-	-	-	-	-	-
Carcases of which some part or organ was condemned	-	-	-	-	.26	-
Percentages of the number inspected affected with tuberculosis	-	-	-	-	.78	-
Cysticerosis						
Carcases of which some part or organ was condemned	7	-	-	-	-	-
Carcases submitted to treatment by refrigeration	7	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-

OTHER FOODS CONDEMNED

1 box pilchards
2 Large tins Garden peas
2 tins peaches
9 tins pears
1 1 lb tin ham
11 8 oz. tins pilchards
11 tins ox tongues
35 lbs cut stewing steak
2 tins grapefruit
1 tin salmon
1 tin stewed steak
7 ½ lb tins salmon
38 tins tomatoes
1 large tin fruit cocktail
1 tin pineapple titbits
1 6 lb tin ox tongue
1 10 lb tin ham
2 tins fruit salad
1 tin new potatoes

Method of disposal	MEAT	OTHER FOODS
	Sold for animal food etc	Controlled tipping

DRAINAGE AND SEWERAGE

Closets

Number of houses with privy vaults in district	8
Number of houses with pail closets in district	745
	+ 180 Caravans
Number of houses with water closets in the district	13,335
Number of water closets substituted for pail closets and privy vaults	41

The Council operates a pail closet emptying service.

Cesspools and Septic Tanks

Number of cesspools and septic tanks emptied, cleansed, etc.	533
Number of cesspools and septic tanks abolished	128

The council operates a cesspool/septic tank emptying service - 2 vehicles being used.

Sewerage and Sewage Disposal

Details of areas or villages where provision has been made of new sewers or where existing sewerage arrangements improved.

Burringham and East Butterwick
Horkstow and South Ferriby.

Details of areas or villages where provision has been made of new sewage disposal facilities or existing arrangements improved.

Flixborough

Parts of the district urgently requiring public sewer and/or treatment works for public health reasons.

Saxby, Bonby, Worlaby, Elsham, Redbourne, Appleby, Flixborough, Cadney and West Halton.

GENERAL

Offensive Trades

Number of premises in the district	1
Number of inspections made	9
Number of contraventions remedied	2

Knackers Yard

Number licenced	1
Number of inspections made	7
Contraventions remedied	Nil

Offices, Shops and Railway Premises Act, 1963

Number of premises licenced	140
Number of inspections made	73
Number of defects found	Nil

Disinfestation and Disinfection

Rooms or premises disinfected	
Infectious disease other than tuberculosis	Nil
Tuberculosis	Nil
Number of premises subject to disinfestation	8

Refuse collection and disposal

Number of premises from which refuse is collected	98%
Frequency of collection	12 days or under
Type of receptacle	40% paper sacks and 60% bins

Method of disposal - Semi controlled and controlled tipping.
Semi controlled tipping is not satisfactory

Number of tips	5
Number of refuse collection vehicles	7

Nuisances

Details of Nuisances abated

NUISANCE	After informal intimation	After Statutory notice
Refuse	18	-
Foul ditches, ponds and stagnant water	16	-
Drainage	48	-
Poultry and Animals	17	-
Dangerous Premises	4	1
Miscellaneous nuisances	15	-
TOTAL	118	1

Rodent Control

Number of rodent operatives employed	1
Number of premises treated:	
Dwelling houses	400
Other premises	12

There are no reservoirs of rats in the district
The service covers domestic, business and agricultural premises.

Atmospheric Pollution

Number of visits	127
Number of nuisances found	2
Number of nuisances abated	2
Number of smokeless zones	3
Number of proposed smokeless zones	Nil
Total number of houses in smokeless zones	2,119

Noise Abatement Act, 1960

Number of complaints....................24 Number of nuisances found..........24
Number of nuisances abated...........21

FACTORIES ACT, 1961.

Part 1 of the Act

1. Inspections for purposes of provisions as to health.

PREMISES	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
i. Factories in which Sections 1,2,3,4, and 6 are to be enforced by the local authority	9	24	-	-
ii. Factories not included in (i) in which Section 7 is enforced by the Local Authority	83	94	-	-
iii. Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises).	8	6	-	-
TOTAL	100	124	-	-

2. Cases in which defects were found

PARTICULARS	Number of cases in which defects were found				Number of cases in which prosecutions were Instituted.
	Found	Remedied	Referred To H.M. Inspector	Referred by H.M. Inspector	
Want of Cleanliness (S.1)	2	2	Nil	Nil	Nil
Overcrowding (S.2.)	Nil	Nil	Nil	Nil	Nil
Unreasonable temperature (S.3.)	Nil	Nil	Nil	Nil	Nil
Inadequate ventilation (S.4.)	Nil	Nil	Nil	Nil	Nil
Sanitary Conveniences (S.7) (a) Insufficient	2	2	-	2	-
TOTAL	4	4	-	2	-

Part VIII of the Act.

3. Details of Outwork (Sections 133 and 134) carried on in the district

Number of workers in August list required by Section 133 (1) (c)... ... 1

Nature of work: Making etc. Cleaning and Washing apparel

Number of cases default in sending lists to the Council ... ... Nil

Number of prosecutions for failure to supply lists ... ... Nil

Number of instances of work in unwhole ... ... Nil